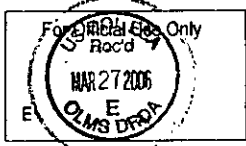


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>25101</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Philip</u> <u>E</u> <u>Reynolds</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>5300 long canyon drive</u> City <u>Fair oaks</u> State <u>California</u> ZIP Code + 4 <u>95628</u>	4. Name, file number, and address of labor organization. Name <u>NCCRC</u> Labor Organization File Number <u>540-788</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>265 Hegenberger Rd Suite 200</u> City <u>Oakland</u> State <u>California</u> ZIP Code + 4 <u>94621</u>
5. Position in labor organization. <u>Senior Field Rep</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

3/19/06
Date

916-988-8182
Telephone Number

Name of Person Filing Philip Reynolds	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northern California Drywall Contractors assn
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 12241 Saratoga Sunnyvale RD Ste b
City Saratoga
State California ZIP Code + 4 95070

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Various Employers
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

11.a. Nature of such dealing.

The NCDCA represents the Drywall contractors in Northern California

11.b. Approximate dollar value of such dealing. \$0

12.a. Nature of interest held or income received.

Won hole in one prize at the NCDCA Golf tournament

12.b. Amount. \$25,000

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**NATIONAL
HOLE-IN-ONE
ASSOCIATION**

DALLAS • LONDON



HOLE-IN-ONE PROGRAM

CERTIFICATE OF PARTICIPATION

CERTIFICATE # 348148



PRIZE SPONSOR'S NAME: NCDCA

TOURNAMENT DATE(S): 08/08/05

NAME OF EVENT: Northern California Drywall Contractors Association GT

LOCATION OF EVENT: Castlewood C.C.: Hill Course

CATEGORIES OF TARGET HOLE CONTESTANTS:

Amateurs
136

Club Pros
0

Tour Pros
0

Total Shots
136

<u>HOLE #</u>	<u>YARDAGE</u>	<u>PRIZE VALUE</u>	<u>DESCRIPTION</u>
#4	172	\$25,000	\$25,000 Cash
#17	200	BONUS	Choice from Premium Electronics Package
#6	133	BONUS	Choice of Callaway X-18 Irons or BB 454 Driver
#12	126	BONUS	Choice of Airline Tickets or 7-Day Cruise for 2

TOTAL CERTIFICATE FEE: \$760.00

Ladies allowed to use forward tees per course score card.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 10 **DAY OF** August **2005**

Melissa Hope Sadler

NOTARY PUBLIC

MEMBERSHIP BONUS:

Personalized Color Sign For Sponsor's Target Hole.

CAUTION
Target Hole(s) and prize(s)
must be offered on
Exact Holes(s)
as shown on this certificat
Read Condition B-6 careful

The NATIONAL HOLE-IN-ONE ASSOCIATION, of Dallas, Texas, who issued this Certificate of Participation is the named insured under Master Policy #100194200M issued by Republic Underwriters Insurance Company insuring NHIOA's obligations for the exclusive benefit of the association member named above.

Date Issued: June 8, 2005

NATIONAL HOLE-IN-ONE ASSOCIATION

[Signature]